

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 523954

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		(0)				
6		(0)				
7		(0)				
8		(0)				
9		(0)				
10		(0)				
11		(0)				
12		(0)				
13		(0)				
14		(0)				
15		(0)				
16		(0)				
17		(0)				
18		(0)				
19		(0)				
20		(0)				
21		(0)				
22		(0)				
23		(0)				
24		(0)				
25		(0)				
26		(0)				
27		(0)				
28		(0)				
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
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98						
99						
100						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	23	↑		↑		↑
TOTAL CLAIMS	28					